

Testimony Supporting HB 6824, AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH 2017, AND MAKING APPROPRIATIONS THEREFOR AND OTHER PROVISIONS RELATED TO REVENUE.

February 27, 2015

My name is Sandra Carbonari. I am a primary care pediatrician and the president of the CT Chapter of the American Academy of Pediatrics. I would like to testify regarding Medicaid eligibility and payments to Medicaid health care providers.

The Department of Social Services proposal to lower the eligibility for adults to participate in Medicaid from 185% of the federal poverty to 138% eliminates health insurance coverage for 30,000 parents of Medicaid eligible children and pregnant women. The assumption is that these individuals will be able to purchase private insurance, but this is not necessarily the case. Many will find coverage unaffordable at the 138% poverty level, which is \$33,465 per year or \$2788 per month for a family of 4.

Extensive studies have been done to measure the effect of parental health care insurance coverage on the coverage of children. All studies show a positive effect. Parental coverage increases enrollment rates of eligible children. Not only is there greater participation, but also the coverage tends to be more continuous and more effective as measured by access to care, having a regular source of care, and the use of preventative services. These positive outcomes result in better overall health, higher immunization rates, better control of chronic conditions and less inappropriate use of health care services. This leads to healthier children and reduction of overall health care costs.

Similarly, eliminating coverage for pregnant women has a direct effect on her child both before and after birth. When a pregnant woman has Medicaid coverage at the time of delivery, the newborn is automatically granted Medicaid for one year. Fewer covered pregnant women will result in uninsured newborns-a period of life when access to health care is particularly vital. The infant mortality rate in CT is 5.6 deaths per 1000 births, 18th in the nation. We need this rate to improve. Creating more barriers to access to care will certainly not decrease our infant mortality in CT.

The second item in recommended significant changes for DSS reduces Medicaid rates for most providers. The distribution of this reduction is at the discretion of the department, although there is the additional comment that rates for primary care services are not expected to change. Medicaid payment directly impacts physician participation in the Medicaid program, and is a key factor in ensuring access to care for Medicaid enrollees. Low Medicaid payment forces our doctors to make difficult decisions to limit or stop caring for Medicaid patients. The Affordable Care Act (ACA) included an important provision to address the historic problem of low Medicaid physician payment. The ACA raised payment rates for Evaluation and Management and immunization administration services to Medicare-equivalent levels. .

We have heard from pediatricians across the state that this payment equity has made a real difference for children and practices. There has been a significant increase in the number of CT physicians accepting

Medicaid patients resulting in greater access to care in the medical home. All children deserve a medical home. Children without a usual source of health care are less likely to see a physician than those who do, and children who do have a medical home as a usual source of care have lower total expenses.

A drop in Medicaid payment will have a profound effect on physicians in CT. There are currently a limited number of specialists and subspecialists accepting Medicaid. A cut in Medicaid payment will create a 2-tiered system of care in our state, where those with private insurance have access to medical care and those enrolled in Medicaid do not. We cannot afford to make this mistake and to turn back the clock on the inroads we have made for children enrolled in Medicaid. This is an investment in the children of CT and in our future that we can't afford not to make.